



TREE SERVICE PROVIDER ANNUAL REGISTRATION PART I

Business: _____

Business Address: _____

City: _____ **State:** _____ **Zip:** _____

Office Phone: _____ **Office Fax:** _____

E-mail Address: _____

Owner: _____

Home Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Home Fax:** _____

E-mail Address: _____

Provide Photocopies of the Following Documents

City Business Tax Receipt: No. _____

Broward County Business Tax Receipt: No. _____
(Tree Trimming 189/189C)

ISA Certificate: No. _____ **Exp. Date** _____

Broward Co. Certificate of Competency: No. _____ **Exp. Date** _____
(Class A or Class B)



TREE SERVICE PROVIDER ANNUAL REGISTRATION

PART II

Provide Photocopies of the Following Document

Certificates of Insurance Must List the City of Weston As The Certificate Holder

General Liability	Expiration Date: _____
Workers Compensation	Expiration Date: _____
Workers Compensation Exemption	Expiration Date: _____

I hereby certify that the information contained herein is true and accurate to the best of my knowledge.

Signature Date

STATE OF FLORIDA)

COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me by means of ___ physical presence or ___ online notarization, this ___ day of _____, 20___, by _____ as _____
(Name of person acknowledging) (Title)

for _____.
(Company name)

Personally known to me ___ or has produced Identification ___, type of identification produced _____.

(NOTARY SEAL HERE)

SIGNATURE OF NOTARY PUBLIC

PRINT, TYPE/STAMP NAME OF NOTARY

Annual Administrative Fee: \$95.00

Checks payable to the City of Weston

Issue Date: _____

Expiration Date: _____